Received 3/14/08 UPW

TATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		e ' ' '	MULTIPLE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
NAME OF COOL	HFD12-0004	B. W.	NG	02/	21/2008
NAME OF PROVIDER OR SUPPLIER		REET ADDRESS, C D1 GALLATIN :	ITY, STATE, ZIP CODE		
NCC		SHINGTON, D	C 20017		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION	ID PREFI TAG		ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE
1 000 INITIAL COMMENT	S	1 000		:	
19, 2008 through Fel sample of three resident population of females with various the survey were base interviews with staff, program managers in review of client record and incident reports, also reviewed. 1 060 3502.18 MEAL SERVI Perishable foods shall	disabilities. The findings of on observations, program coordinators, the home, as well as a s, administrative records Investigation reports well as a ICE / DINING AREAS	orn a s of s, e			
monitoring deep freeze provided. The finding includes: Observations during the	and interview, the GHMF uipment necessary for temperatures was environmental walk-thing approximately 10:48 PM approximately 10:48 PM ar was in the deep freeze a. Interview with House Manager acknowledged ometer in the deep	J A	NCC has purchased a therefor the deep freezer.	rmometer	3/15/08
Each bedroom shall be e following items for each r	duipped with at least the	1 1			
Regulation Administration	·	<u> </u>	. TITLE		DATE

LÁBORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRÉSENTATIVE'S SIGNATURE

3VC011

If continuation sheet 1 of 22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPL IDENTIFICATION N		NUMBER: A BUILDING			(X3) DAT COM	(X3) DATE SURVEY COMPLETED	
		HFD12-0004		B. Wil	VG		
NAME.OF	PROVIDER OR SUPPLIER		STREET A	DDRESS, CI	TY, STATE, ZIP CODE		/21/200
NCC			1501 GA WASHIN	LLATIN S IGTON, DO	TNE		
(X4) ID FREFIX TAG	I CEACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY C IDENTIFYING INFORMA		PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A: CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	COM/
1 074	Continued From pag (c) Drawer space; an			1074			+-
	This Statute Is not m Based on observation failed to ensure the di maintained.	et as evidenced by:	CHMDD		I074 NCC has repaired/repdresser drawer in resibedroom.	placed the dent #1's	4/1/0
	The finding includes: During environmental 21, 2008 revealed Res was broken.	walk-through on Fei ident #1's bottom di	oruary rawer				7. 4
E	504.6 HOUSEKEEPII ach poison and caust locked cabinet and st f each resident.	ic agent shall be sto	red in each	i 095			
Th Du Fe Sc bat	nis Statute is not met ased on observation trustic agents being store finding includes: ring the environmentabruary 21, 2008 revealub with bleach" caust throom cabinet located	ie GHMRP failed to red. I walk-through on led a spray bottle of ic agent stored under	"Soft	1	I095 The caustic agent was recaustic agents will be st locked cabinet and staff retrained in the appropriof caustic agents.	emoved. All ored in the	4/1/08
1 098 350	way. 4.9 HOUSEKEEPING h GHMRP shall provid sedures, personnel, ar tre sufficient clean line	le appropriate	10	98			
pers	er sanitary washing a onal clothing of each i	nd handling of lines.	and				

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		A. BUIL		(X3) DAT	'E SURVE' IPLETED
		HFD12-0004		B. WIN		0:	2/21/200
NAME OF	PROVIDER OR SUPPLIER				Y. STATE, ZIP CODE	, , , , , , , , , , , , , , , , , , ,	
NCC			WASHIN	LLATIN ST GTON, DC	Г, NE 20017		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY C IDENTIFYING INFORMA	F(J)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	CON D
1 098	Continued From pag	e 2		1 098			
}	This Statute is not m Based on interview a GHMRP failed to ens for sorting/washing th	nd record review the cure policies and pro-	ecedures			se at	
	The finding includes: Interview and review of procedure manual or provide evidence of a clothes. Interview with Specialist on February that the facility was with procedure for sort/was	n February 19, 2008 policy for sorting/wan the facility's Comp 21, 2008 acknowle thout a policy and	failed to ashing liance		I098 NCC has developed a prosort/washing clothing.	otocel for	3/15
1	504.10(b) HOUSEKE	•		I 100			
fc	ach GHMRP shall problems to each residen	ovide clean linens a: It at least weekly:	3				
(t	o) One (1) pillowcase;						
Ba fa	his Statute is not met ased on observation a iled to provide clean li sident at least weekly	and interview, the Gi	HMRP each				
Th	nė finding includes;					}	
AN #5 soi Ho	n February 21, 2008 a M, an environmental w 's bedroom revealed a iled of unknown subst use Manager was not ow case.	ralk-through of Residual relations of Resid	dent as th the	. 1	I100 NCC has purchased new preases for resident #5.	illow	3/15/0
Regulation FORM	Administration				Section	· .	

AND PLAN	TEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0004 IE OF PROVIDER OR SUPPLIER STREE		MBER:	A BUILD B. WING		(X3) DAYE COMPL	
N C C	PROVIDER OR SUPPLIER		1501 GA	DDRESS, CITY LLATIN ST GTON, DC	/, STATE, ZIP CODE , NE 20017		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY IC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
t t t ;;;		establish sorting and adequate sanitation lents to perform thestasks for the resident Individual Habilitation et as evidenced by: at as evidenced by: at as evidenced by: at record review, the record review, the record review of 1:49 AM, the GHMF g and washing process and these tasks or by or the residents as dividual Habilitation as facility's Compliant 21, 2008 acknowled	n either te tasks ts as n Plan ng and ng and Plan edures sisting	I 111	I111 Cross-reference I098		4/1/08
H 135 3:	rocedure for sort/was 505.5 FIRE SAFETY ach GHMRP shall conder to test the effective of the same of th	iduct simulated fire of eness of the plan at each shift. as evidenced by: and record review, t	drills in least	135			

STATEME AND PLAI	TEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		ER/CLIA IMBER:	(X2) MU A. BUILE	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED			
		HFD12-0004	<u> </u>	B. WING		0.2	/21/2008		
	PROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE ZIP CODE					
NCC			1501 GAL WASHING	Latin St Ton, DC	, NE 20017				
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		em i	ID PRÉFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	idun blad	(X5) COMPLETE DATE		
I 135	Continued From pag	ge 4		l 135			 		
	The finding includes	;							
	Interview with the Pro review of the staffing 2008 at approximate scheduled shifts are	l pattern on February Iv 11:19 AM revealed	19	ı	·				
	Weekdays		j						
- 1:	1st Shift 7 AM to 3 PM 2nd Shift 3 PM to 11 I 3rd Shift 11 PM to 7 A	PM ·			•				
1	/Veekends/Saturday a	and Sunday		.					
2	Ist Shift 7 AM to 3 PM and Shift 3 PM to 11 F and Shift 11 PM to 7 A	M					. :		
si m bo re ev	further interview with the taff was required to conton the conton on each shift. Fook from February 20 evealed that the GHMI recuation drills on each dence that fire drills to all shifts.	onduct a drill once per Review of the fire drill 07 to February 2008 RP failed to hold fire th shifts. There was	er log	t p	I135 The NCC house manager will rained on appropriate fire driver occidences and schedules. The rogram coordinator will mond review monthly.	ill he	4/1/08		
1 161 35	07.2 POLICIES AND	PROCEDURES	I 16	51	•				
DOG	e manual shall be app dy of the GHMRP and st annually.	proved by the govern I shall be reviewed a	ning t						
GH:	s Statute is not met a sed on interview and r MRP governing body Administration	ecord review, the							

STATEME AND PLAI	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLL IDENTIFICATION NUMBER:			A. BUI	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		TE SURVEY MPLETED		
		HFD12-0004					2/21/2008		
N C C	PROMDER OR SUPPLIER		1501 GA	ET ADDRESS, CITY, STATE, ZIP CODE I GALLATIN ST, NE SHINGTON, DC 20017					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TÊMENT OF DEFICIENCIE MUST BE PRECEDED BY BC IDENTIFYING INFORMA	EULL	ID PREFIX TAG	PROVIDER'S FLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REPERÊNCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE		
J 161	Continued From page policies and procedu. The finding includes: Interview and review manual on on Februa approximately 12:00 evidence that the age been reviewed and a annually as required.	res annually. of the policy and proary 21, 2008 at PM failed to provide	had not	I 161	I161 The Chief Executive Off has reviewed and signed agencies policy and procmanual. The CEO will r sign these policies and prevery January.	the edure eview and	3/15/08		
	3507.4(c) POLICIES And the manual shall incorprocedures for at least (c) Health and safety, and evacuation, infect procedures for emergeresident;	orporate policies and it the following: which covers fire sa ion control, medicati	fety	I 165					
E G h	This Statute is not me Based on interview and GHMRP failed to ensure ealth and safety to inc 'he finding includes:	d record review, the	ath.		NCC has a policy for fune (See attachment #1)	ral/burial.	3/15/08		
in ai re	nterview and review of nd procedures manua evealed the GHMRP to clude funeral/burial.	I on February 21, 20	08						
Ea	508.5(a) ADMINISTRA ach GHMRP shall have at shows the following All major component	e an organization ch :	art	184		-			
Regulation	n Administration			<u>. </u>			•		

NAME OF PROVIDER OR SUPPLIER N C C STREET ADDRESS, CITY, STATE, ZIP CODE 1501 GALLATIN ST, NE WASHINGTON, DC 20017 (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) I 184 Continued From page 6 agency or the roles of individuals when the licensee is not an agency; This Statute is not met as evidenced by: Based on interview and review, the GHMRP failed to provide an organizational chart reflecting the changes in the components of the agency's		ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUI	ULTIPLE CONSTRUCTION LDING	(X3) DATE SURVEY COMPLETED		
NCC SUMMARY STATEMENT OF DEFICIENCIES PROVIDERS PLAN OF CORRECTION PROFINE PROVIDERS PLAN OF CORRECTION PROVIDERS PLAN OF CROSS-REFERENCED TO THE APPROPRIATE 184					_		02/21/2008		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG Continued From page 6 agency or the roles of individuals when the licensee is not an agency; This Statute is not met as evidenced by: Based on interview and review, the GHMRP failed to provide an organizational chart reflecting the changes in the components of the agency's staffing structure. The finding includes: Review of the agency's policy and procedure manual failed to evidence a organization chart reflecting the changes in the components of the agency's staffing structure and lines of authority. Interview with the Program Manager on February 20, 2008 revealed that the current organization chart reflected an individual who was no longer employed by the agency. 1203 Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter. This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for review current job descriptions for all employees.		PROVIDER OR SUPPLIER	.].	1501 GAL	GALLATIN ST. NE				
agency or the roles of individuals when the licensee is not an agency; This Statute is not met as evidenced by: Based on interview and review, the GHMRP failed to provide an organizational chart reflecting the changes in the components of the agency's staffing structure. The finding includes: The finding includes: The finding includes: Review of the agency's policy and procedure manual failed to evidence a organization chart reflecting the changes in the components of the agency's staffing structure and lines of authority. Interview with the Program Manager on February 20, 2008 revealed that the current organization chart reflected an individual who was no longer employed by the agency. 1203 3609.3 PERSONNEL POLICIES Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter. This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for review current job descriptions for all employees.	PRĖFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY F	ULL ION)	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	N SHOULD BE CO		
agency or the roles of individuals when the licensee is not an agency; This Statute is not met as evidenced by: Based on interview and review, the GHMRP failed to provide an organizational chart reflecting the changes in the components of the agency's staffing structure. The finding includes: The finding includes: The finding includes: Review of the agency's policy and procedure manual failed to evidence a organization chart reflecting the changes in the components of the agency's staffing structure and lines of authority. Interview with the Program Manager on February 20, 2008 revealed that the current organization chart reflected an individual who was no longer amployed by the agency. 1203 3609.3 PERSONNEL POLICIES Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter. This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for review current job descriptions for all employees.	l 184	Continued From page	ie 6		I 184				
Based on interview and review, the GHMRP failed to provide an organizational chart reflecting the changes in the components of the agency's staffing structure. The finding includes: The finding includes: Review of the agency's policy and procedure manual failed to evidence a organization chart reflecting the changes in the components of the agency's staffing structure and lines of authority. Interview with the Program Manager on February 20, 2008 revealed that the current organization chart reflected an individual who was no longer employed by the agency. 1203 Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter. This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for review current job descriptions for all employees.		agency or the roles	of individuals when the	e					
Review of the agency's policy and procedure manual failed to evidence a organization chart reflecting the changes in the components of the agency's staffing structure and lines of authority. Interview with the Program Manager on February 20, 2008 revealed that the current organization chart reflected an individual who was no longer amployed by the agency. 1203 Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter. This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for review current job descriptions for all employees.	·	Based on interview a failed to provide an o the changes in the constaffing structure. The finding includes:	ind review, the GHMR organizational chart re	flecting		NCC has revised the Organizational Chart to in	clude	3/15/08	
Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter. This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for review current job descriptions for all employees.		Review of the agency manual failed to evide reflecting the changes agency's staffing structure with the Property 20, 2008 revealed that chart reflected an indi-	ence a organization of s in the components of cture and lines of auth gram Manager on Fel t the current organiza vidual who was no lon	nart of the nority, bruary tion			lirect		
descriptions with each employee at the beginning employment and at least annually thereafter. This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for review current job descriptions for all employees.	1 203 3	3509.3 PERSONNEL	POLICIES .	- 14	203				
Based on record review, the GHMRP failed to have on file for review current job descriptions for all employees.) d	lescriptions with each	employee at the begin	nnina					
The findings include:	B h:	lased on record reviey ave on file for review (v, the GHMRP failed (to 1s for					
	TI	he findings include:				,			
Review of the personnel files conducted on February 21, 2008 at approximately 12:30 PM revealed the GHMRP failed to provide evidence of current signed job descriptions five staffs at the time of the survey. (Staff #6, #7, #8, #9, and #10) I203 NCC has obtained signed job descriptions for all staff.	Fe rei of	ebruary 21, 2008 at ap vealed the GHMRP fa current signed job de	proximately 12:30 PM illed to provide eviden scriptions five staffs a	it the		NCC has obtained signed job		3/15/08	

3VC011

	TEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER HFD12-0004			A. BUIL			E SURVEY PLETED	
		HFD12-0004		B. WING		02	02/21/2008	
VAME O	F PROVIDER OR SUPPLIER			T ADDRESS, CITY, STATE, ZIP CODE				
NCC		· · · · · · · · · · · · · · · · · · ·	1501 GAL WASHING	LATIN ST	, NE 20017			
(X4) ID PREFIX TAG	X (EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL !	ID PREFIX YAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE	
1 20	6 Continued From pag	ge 7		1 206			 	
1 20	3509.6 PERSONNE	L POLICIES		1 206				
	Each employee, prior annually thereafter, a certification that a he performed and that to would allow him or he duties.	shall provide a physic ealth inventory has be he employee's heal	dan's . en lth status		·			
	This Statute is not m Based on interview ar GHMRP failed to ensi health certificates on	nd record review, the ure that all staff had :	current					
	The findings include: Review of the personn February 21, 2008 rev provide evidence of cu six staffs, two Licenses and three consultants; (\$ #3, #6, #7, #8, #9, # #2, and #3)	ealed the GHMRP fa in ent health certifica d Piratical Nurses (Li at the time of the sur	ailed to tes for PN), vev		I206 All staff and consultants w current health certificates.	ill have	4/15/08	
224	3510.5(a) STAFF TRA	INING	12	24				
E	Each training program : imited to, the following:	shall include, but not	be		·			
n re fr	a) Overview of mental not limited to, definition, etardation, associated requently used medical findividuals with mental ving skills;	causes of mental health implications, a tions, the history of c	and are					

STATEMEN AND PLAN	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0004		R/CLIA MBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED		
******		HFD12-0004		02/21/20				
	PROVIDER OR SUPPLIER	ŀ			IY, STATE, ZIP CODE			
NCC			WASHIN	LLATIN S GTON, DO	i, NE 20017			
(X4) ID PREFIX TAG	(Each Deficiency	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY I IC IDENTIFYING INFORMA	FULL	PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(XS) COMPLET DATE	
1 224	Continued From pag	je 8		1.224				
ĺ	This Statute is not no Based on staff intervention of the Based on staff intervention of the Based on staff the finding include:	riew and record revie sure effective training	w, the) was	, e-	I224 All staff will be trained or overview of Mental Retar		5/1/08	
	Review of the training 2008 revealed that the training in overview of the factor the same day at a acknowledged that straining on the overvices.	e GHMRP failed to p f mental retardation. ility's Compliance Sp pproximately 12:35 F aff had received curr	ecialist Ment	·				
1225 3	3510.5(b) STAFF TR	AINING	.	1 225				
E	ach training program	ı shall include, but no g:	ot be					
(t	o) Human developme pirth to death);	ent through the life cy	cle		·			
B:	his Statute is not me ased on staff Intervie HMRP failed to ensu rovide to each staff.	w and record review.	the vas					
Tr Tr	ne finding include:	·						
tra the day	eview of the training r 108 revealed that the Ining on Human Dev e facility's Compliance y at approximately 12 at staff had received o man Development.	GHMRP failed to pro elopment. Interview e Specialist on the sa :37 PM acknowledge	vide With Ime		I225 All staff will be trained on H Development.	Iuman	5/1/08	
			1	,				

STATEMENT OF DEFICIENCIES (X1) PROVIDER IDENTIFICATION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	A BUILI			(XS) DATE SURVEY COMPLETED	
		HFD12-0004		B. WING	·		02/	21/200
NAME OF F	PROVIDER OR SUPPLIER		STREET	DORESS, CIT	Y, STATE, ZIP CODE			
NCC			1501 GA WASHIN	LLATIN ST IGTON, DC	, NE 20017	-		,
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(ÉACH CORREC CROSS-REFEREN	PLAN OF CORRECT TIVE ACTION SHOU CED TO THE APPRO EFICIENCY)	LD BE	COM
1 227	Continued From page	ge 9		1 227			<u> </u>	<u> </u>
I 227	3510.5(d) STAFF TI	RAINING		1 227				
	Each training progra limited to, the following		not be					
	(c) Infection control (for staff and resident	s;					
	This Statute is not n Based on record revi have on file for revier and CPR for employe	iew, the GHMRP fail w current training in t	ed to					
-	The findings include:				1227	tualmed in City) Timat	5/1/0
r f	On February 21, 200 records/training records/training records/training records/training records/training records/training records/training	rds revealed that the without current First			All staff will be t Aid, and infectio		c, rust	
	. Current CPR - S#2 RN, and LPN #3	, #3, #4, #7, #8, #9, ;	#10,					
2	First Aid - S#2, #3,	, #7, #8, #9, and #10	İ		·			
1 229 3	510.5(f) STAFF TRA	JNING		i 229				
	ach training program mited to, the following		ot be					
re) Specialty areas rela sidents to be served , behavior managem creation, total comm	including, but not line ent, sexuality, nutrition	nited on,					
	chnologies;			.	•			
Ba do ev	nis Statute is not me ased on interview and cuments, the GHMR idence to validate sta sidents' need.	d review of training P failed to provide	ed by					
Regulation E FORM	n Administration	··· , ··· ··· ··· ··· ··· ··· ··· ··· ·		<u>, , , , , , , , , , , , , , , , , , , </u>		·		 .

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		A. BUIL			PATE SURVEY COMPLETED
7444		HFD12-0004		B. WIN	3	}	02/21/2008
NAME OF	PROVIDER OR SUPPLIER				Y, STATE, ZIP CODE		
NCC			1501 GALI WASHING	ATIN ST	20017	• •	/
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY F IC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	COMPLET DATE
I 378 ;	2008, revealed the G training on recreation Interview with the fact on the same day at a acknowledged that st training on the overview 3519.9 EMERGENCI	g records on February HMRP failed to providual and communication. Hility's Compilance Specific Specifi	y 21, de ecialist M ent ion.	l 229 378	I229 All staff will be trained in and communication.	rec reatio	5/1/08
The British Grant Control of the Property of t	services and burials a notification and involve this Statute is not me lased on interview and	ement of significant on the as evidenced by: directord review, the de evidence that their nanual described the	thers.				
Int fai se	ne finding includes: terview and record re- iled to provide eviden- rvices and burials. 19.10 EMERGENCIE	view on February 21, ce of a policy on fune S ng requirement in 351	ral 1 37		I378 Cross-reference I165		3/15/08
ead	ch GHMRP shall notif	y the Department of	.5.0,				

	EMENY OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) M A. BUII B. WIN		(X3) DATE COMP	SURVEY LETED	
<u> </u>	· -	HFD12-0004		<u>i</u> _		02/	02/21/2008	
NAME O	F PROVIDER OR SUPPLIER				TY, STATE, ZIP CODÉ			
NCC			1501 GAU WASHING	LATIN S	T, NE 3 20017			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY BC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
1 379	Continued From pag	ge 11		1 379				
	Health, Health Facili unusual incident or e interferes with a resident arrangement, well be places the resident a be made by telephon followed up by writter twenty-four (24) hour	event which substant dent 's health, welfa eing or in any other v it risk. Such notificat ne immediately and s n notification within	ially re, living vay ion shall shall be					
	This Statute is not m Based on interview are that the the GHMRP of reporting all incidents hours or the next day.	nd record review rev failed to make notific within twenty-four (2	ation by					
	The findings include: On February 19, 2008 review of a facility unu revealed the following:	sual incident report	ew		·			
	 On February 7, 200 discovered to have a sustaining a fall to the transported to the ER. On November 8, 20 to staff he fell while on 	wollen elbow (right) ground. The resider 07, Resident #4 rep	nt was		I379 All incidents will be reported DOH. The incident manager investigator will be trained.	to nent	4/1/08	
1 3 C C	pack. The resident sus he right lower back. 3. On August 29, 2007 liscovered with a bruise on the inside of the righ etermined.	stained a bruise (line , Resident #1 was e a little larger than ;	ar) on		investigator will be trained in appropriate incident reporting	-		
d	On August 10, 2007, Iscovered with a dime on Administration	Resident #1 was size bruise on the in	ner					

STATEME AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUMBER OF THE PROVIDER OF		(X2) MU A. BUIL B. WIN	· · · · · · · · · · · · · · · · · · ·			PLETED
NAME OF	PRÓVIDER OR SUPPLIER	111 12 - 000 1	STREET ADD	RESS CIT	Y, STATE, ZIP CODE		02/	<u> 21/2008</u>
NCC	THE HIBERT OF GRANDER		1501 GALL WASHING	ATIN ST	Γ. NE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY I SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	CROSS-REFERENCED	ACTION SHOU	LD BE	(X6) COMPLETE DATE
1 379	Continued From pag	je 12		1 379			· _	
	surface of his right ti	nigh. Cause not dete	ermined.					
	5. On October 28, 2 discovered with sma while being assisted determined.	Il scratches on his ch	nest I	· ·				
	Further:review of the that the Department of these aforementioned as required.	of Health was notified	dof					
I 391	3520.2(a) PROFESSI PROVISIONS	ION SERVICES: GE	NERAL	391				
1 1 1 1 1 1 1	Each GHMRP shall happrofessional staff to canecessary professional accordance with the good professional services a mited to, those services are and qualified, and a lastict of Columbia lastictories or areas of incorporations.	arry out and monitor al interventions, in oals and objectives o plan, as determined to disciplinary team. The may include, but not les provided by indivi- licensed as required or in the following	of every to be te be duals			`		
TI Bi Gi pri ne ac ob de int	his Statute is not met ased on clinical and n HMRP failed to ensur rofessional staff carrie ecessary professional ecordance with clients jectives of every indivitermined to be neces erdisciplinary team.	nedical record review the that qualified to out and monitored interventions, in needs, the goals are	nd -					
	e finding includes:	· .						_ `

	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU. HFD12-0004		(XX) MU A. BUILD B. WING		СОМІ	E SURVEY PLETED
NAME OF	PROVIDER OR SUPPLIER	HFD12-0004	STREET AD	DDESS AID	Y, STATE, ZIP CODE	02	/21/2008
NCC	·		1501 GAL	LATIN ST TON, DC	. NE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY IC IDENTIFYING INFORMA	FULL	ID FREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE OATE
1 395 3 F	Review of Resident at February 20, 2008 at revealed telephone on December 11, 2007, November 5, 2008. If revealed that the facility's Registration of the RN provider of the RN provider of the RN provider of the facility's registration of the facility's Registration of the RN provider of the RN provider of the facility of	#3's medical records tapproximately 10:3' orders for Ammonium 07, Debrox 6.5% on and Detrol LA 4 mg Further review of the lity's Primary Care P f on the orders. Intelestered Nurse (RN) of 12:02 PM acknowledged the surveyor with the telephone orders in 2008. ON SERVICES: GEN over available qualified many out and monitor of interventions, in pals and objectives of lan, as determined to tisciplinary team. The	7 AM n Lactate on orders hysician rview on dged the ist	395	I391 This deficiency was corr 2/21/08	ected on	3/15/08
tra Di dis	nited to, those service ained, qualified, and li istrict of Columbia law sciplines or areas of s) Nursing;	censed as required l	duals by		·		
Th pro ne acc obj	nis Statute is not met the GHMRP failed to en ofessional staff carried cessary professional is cordance with clients fectives of every indivi-	nsure that qualified d out and monitored interventions, in needs, the goals an	d n, as				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM			(X2) MU A. BUIL B. WIN			TE \$URVEY MPLETED
		HFD12-0004					0	2/21/2008
NAME OF	Provider or Supplier	,	1501 G	ALL	RESS, CIT ATIN ST ON, DC	Y, STATE, ZIP CODE T, NE 20017	**************************************	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FI C IDENTIFYING INFORMATI			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LDBE	(X5) COMPLETE DATE
I 395	determined to be ne interdisciplinary tear included in the same. The findings include 1. Observations of the administration pass of PM revealed, Resided Depakote 750 mg for Licensed Practical Nother Depakote was proposed to the Depakote was proposed from the State was proposed from the Depakote was proposed	cessary by the n for one of three residue. (Resident #2) the evening medication on February 19, 2008 ent #2 was administer resizures. Interview vurse (LPN) confirmed escribed for seizures.	n, at 5:49 ed vith the that ursing		395	I395 1. a. Staff will be trained on		4/12/08
	timeframe due to an outrack of time. Interview February 21, 2008 at failed to have Resided evening medications. Will be re-trained in might place regarding medications and evidence that administered her medithe Physician's Order. Note: Resident #2 also medication of Depako a lab visit.	The RN stated that s aking sure residents a cation administration, that Resident #2 was lications in accordances. To missed her moming te on June 16, 2007 decreased the con rol of the control	ff lost N on aff taff tre in There with			b. Resident #2 missed her morning medication due to nothing mouth status for fasting labs and returned back to the home late outsi Medication Administration Times. MD was made aware of missed dose, and an order was given to give additional dose in to PM to make up for missed dose. Nursing documentation on the mentic	by de of e	
F C () 3	Resident #2's bowel in locumented as evider Review of Resident #2 ISP) dated July 2007 (:26 PM revealed a dia	staff failed to ensure in the staff failed to ensure to the staff failed to ensure the staff failed to	Plan at wel			date was done to reflect this event. A review or discussion of process around medication administration times of during nothing by mouth status will be done by 4/12/08	the	

AXII

Health Regulation Administration

STATE FORM

3VC011

	STATEME AND PLAI	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIE (DENTIFICATION NU	ER/CLIA MBER:	(X2) M A. BUII S. WIN				SURVEY	
 -	IAIAT OF	Dogwood on the same	HFD12-0004	I	<u>. </u>			02	/21/2008	
1	N C C	PROVIDER OR SUPPLIER		1501 GAL WASHING	LATIN S	TY, STATE, ZIP CODE T, NE ; 20017				
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY C IDENTIFYING INFORMA	FULL	ID PREFIX TAG	CROSS-REFERENCED	ACTION SHOU	LØBE	(X5) COMPLET DATE	<u></u>
	1 395	Continued From pag	je 15		1 395				-	_
	i	(HM)/ Program Manabowel tracking sheet revealed that staff ar has a bowel movement tracking sheets for Frand December 2007, bowel movement in of Further interview with Resident #2 has a both The PM indicated that colonoscopy complete everything checked or indicated that it's very not the resident has he to privacy. Additional interview with February 21, 2008 reveals better tracking system when Resident # movement.	ager (PM) and reviews on February 19, 20 e to document each ent. According to the ebruary 2008, January 2008, January 2008, January 2008, January 2008, January 2008, January 2009, January 1009, January 2009, Janu	time she bowel ary 2008, at had a month, at daily. The art of the						
•	1401 3 F	520.3 PROFESSION PROVISIONS	SERVICES: GENER	RAL 1	401				·	
	de de	Professional services s nd evaluation, includin evelopmental levels a ervices, and services o eterioration or further lesident.	ig identification of nd needs, treatment designed to prevent							
	Ba rev wa	nis Statute is not met ased on observation, s view the GHMRP faile as listed on current phree residents included	staff interview and re id to ensure the residual vsician's orders for d	dents one of			- - -			
		e finding includes:	•							
ìR	egulation	Administration		!			· · · · · · · · · · · · · · · · · · ·			

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		A. BUILD		(X3) DATE S COMPLI	
		HFD12-0004		B. WING		02/2	1/2008
NAME OF P	ROVIDER OR SUPPLIER		STREET AL	DRESS, CITY	, STATE, ZIP CODE	·	
NCC	·		1501 GA WASHIN	LLATIN ST, GTON, DC	NE 20017		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE. MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
1 401	Continued From pag	ge 16		1 401			
	#3 was observed duresident was served oriental vegetable, obeverage. Interview revealed that Reside Review of the currer on February 20, 200 evidence of a diet fo POS. Further record "Regular Extra Portic Cholesterol" in the N July 25, 2007. Interview Registered Nurse (Rapproximately 12:15 diet was not listed or orders. There was no orders.	08 at 7:10 PM the Repring his dinner meal, fahita (steak), tortilled fahita (steak), to the House Market (steak), at 10:37 PM reveal fahita (steak), at 10:37 PM acknowledged to the current physician documented evides included on the respective steak).	The as, alar, and a nager r diet. s (POS) aled no on the diet for dated at hat the an's ence that		Pesident # 2's Diet order was to the current Physician Orde 2/19/08. All future Physician will list all pertinent information	ers on n orders]	
1 420 .;	3521.1 HABILITATIO	ON AND TRAINING		I 420			
t e	training to its resident and maintain those li more effectively with anvironments and to	provide habilitation and to enable them to fe skills needed to contact the demands of their achieve their optimum social functioning	acquire ope r im levels				
E r a ii	eview, the facility fail active treatment, incli	n, interview and reco led to provide continu uding aggressive, co ograms and related s	uous nsistent		•	٠.	
7	The findings include:						
	. Resident #3 was o	bserved in the facilit	y from				
ATE FÖRM	on Awinings Butil		586	; is av	/CO11 #	continuation st	not 17 of 22

STATEMS AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		A BUI	ULTIPLE CONSTRUCTION LDING		E SURVEY PLETED
		HFD12-0004		B. WIA	NG	02	2/21/2008
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CI	TY, STATE, ZIP CODE		4A112000
NCC			1501 GAL WASHING	LLATIN S STON, DO	T, NE G 20017		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE API DEFICIENCY)	(OULD BE	(XS) COMPLETE DATE
	Continued From page 4:02 PM thru 7:25 Pl From 4:02 PM to 5:0 from the the living ropressed against left clook out the kitchen was well. At 5:09 PM, resident to play his piresident played the gresident played the gresident played the living room to the living room. At 6:35 Flobserved standing in window. At 6:48 PM is hands for dinner at safood was served at 7: independently. No other offered during this time. Interview with the Houreview of the Person Capril 6, 2007 on Februa Resident #3 has the formal formal free the standard from the formal free the free the formal f	M on February 19, 2: 19 PM, Resident #3 vom to the kitchen witear. He was observed window during this tilt the HM encouraged lay station video gamame for approximate ile getting up walking kitchen and back to PM, Resident #3 was the kitchen looking of the resident washed at at the dinner table 10 PM. The resident her active treatment e. See Manager (HM) as Centered Plan (PCP) lary 20, 2008 revealed.	vandered th finger ad to meframe the ne. The ely 30 to g from the but the his until the t ate was	1420			
le le le le le le le le le le le le le l	a. The resident will go community for 30 to 45 or The resident will paraisure/recreation 9-12 or The resident will place to the resident will lead is the resident will lead is the resident was not enough the resident was not enough the resident was not offered alk as well. Interview was an ager (PM) on February Administration	o minutes. rticipate in times monthly. ly basketball at his clum to operate the o recognize which so sh soap) hecouraged to operate pportunity presented February 19, 2008. If to go on a community the Program liary 20, 2008	e the itself. The hity		I420 All staff will be trained on appropriate informal and form active treatment implementations.		5/1/08

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		A. BU	MULTIPLE CONSTRUCTION		E SURVEY PLETED
		HFD12-0004		B. W	NG	02	/21/2008
NAME OF F	PROVIDER OR SUPPLIER		STREET AC	DRESS. C	ITY. STATE, ZIP CODE		12 1/2006
NCC	·		1501 GAI WASHING	LLATIN S STON, D	6T, NE C 20017		
(X4) ID PREFIX TAG	I (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY C IDENTIFYING INFORMA	序UI L	ID PREFI) TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HÔULD BE	(X5) COMPLET DATE
1 420	Continued From pag	je 18		1420		,	
	in any other activity to PM stated the he did from the living to kitch was no evidence of contreatment intervention. Resident #2 with ach in his habilitation plan	see Resident #2 wa hen area frequently. continuous, aggressi ns and services to so leving the objectives	alking There ve active upport				
1422	3521.3 HABILITATIO	N AND TRAINING		i 422			
t T E	Each GHMRP shall pand assistance to resident 's Individent is not mediased on observation eview the GHMRP strompetency in the importance.	idents in accordance lual Habilitation Plan et as evidenced by: s, interviews, and re aff failed to demonst blementation of Resi	cord				·
TI be	he finding includes: he facility failed to ad ehavior of "Catatonic- cordance to the BSF	like behavior" in	· 1				
do ap on on	n February 7, 2008 at eserved to sit on the sopearing to sleep and his face. The reside his face until 4:57 Pl	ofa in the living room with a deep glaring ant sat their with the l M when he was	n stare look		I422 All staff will be trained in res #1 behavior support plan.		4/15/08
#1 ap to t unt #2 acti	couraged to ride the was observed to ride proximately 20 minute the living room sofa in til 6:48 PM. During the was no encouraged civity. Interview with the bruary 20, 2008 acknowns not offered any couraged and couraged any co	the exercise blke es before returning to which he remained is this period, Resid or offered any other he House Manager of whedged that Resid	eack their ent on		The second portion of this citeludes to resident #5 who has staff. No resident at this hom 1:1 staff. Also the date indicated on this citation is inconsistent with the surveyor reviewed the hom	a 1:1 e has a e date	

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA IMBER:	(X2) MUI A. BUILD B. WING		1		E SURVEY IPLETED
114115 00 1		HFD12-0004					02	2/21/2008
NAME OF I	PROVIDER OR SUPPLIER				, STATE, ZIP CODE			
NCC-	•			LLATIN ST. STON, DC				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE. MUST BE PRECEDED BY C IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECT ECTIVE ACTION SHOU ENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
1 422	Continued From pag	je 19		1422			· · · · · · · · · · · · · · · · · · ·	
	the exercise bike. R dated November 1, 2 9:00 AM revealed an resident will maintain behaviors (i.e. appea staring off into space 10 or fewer times for Further review of the procedures for Catato	2007 on February 20 tobjective which rea to incidents of "Catato tring sleepy or not er to not responding to s 6 consecutive mont BSP revealed that fo	, 2006 at ds "the onic-like" ngaged, staff) at hs.					
	1. The resident should activities. 2. The resident is obsepace, appearing non assist him in engaging hen praise him for do	ld be involved in me served to be staring -responsive, staff st g in another activity a ing it	into rould and					
e	here was no evidence ingaged Resident #1 ach time he was enga ehavìor in accordance	in meaningful activit aged in catatonic - li	ies					
th kit re be did rei	eave the kitchen area te front porch. Client tchen preparing the d mained outside on the fore coming back into d the 1:1 staff leave the main within eyesight of the special commens the state of the main within eyesight of the special commens.	#5's 1:1 staff was in linner meal. The clic e porch for two minu o the facility. At no the he kitchen area to the of Client #5 as requi	the ent utes time ail or				- :	
Pro appred phy elo inte prin	cerview with the Qualitofessional (QMRP) or proximately 10:00 Allowived 1:1 staffing 24 ysically aggressive be pement and injuring serview with the QMRF mary duties of the 1:1	n February 8, 2008 and revealed Client #5 hours a day to man chaviors to prevent self and others. Fur prevealed that one of	at age ther of the					

	ent of deficiencies N of correction	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM			A BUILI			ATE SURVEY OMPLETED
· · · · · · · · · · · · · · · · · · ·		HFD12-0004			B. WING			02/21/2008
NAME OF	PROVIDER OR SUPPLIER		1 1	11 15		Y, STATE, ZIP CODE		
NCC			WASH	NG	LATIN ST	, NE 20017		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	그리고 모든	(X5) COMPLETE DATE
1 422	Continued From pag	ge 20			1 422		-	
	Client #5 at all times records on February revealed that all staf on their 1:1 job dutie	tht and/or arms length i. Review of the staff 8, 2008 at 9:12 AM if signed and received is and responsibilities it training was succes	training I trainirí - There	g				
1 500	3523.1 RESIDENT'S	RIGHTS			1 500	•		
	that the rights of resign to the created in accordance.	ence director shall ens dents are observed a nce with D.C. Law 2-1 oplicable District and t	nd 137, thi	•	·			
	GHMRP failed to ens	nd record review, the ure the protections of ne of the three reside				11.500	·	
	The finding includes:					Resident #2 was appointed a	legal	,
	The facility failed to prinformed consent was and/or her legal guard during medical appoin	obtained from Resid lian for sedations give				guardian on December 4 th 20 Any future medical interven- needing a consent will be for to guardian for signature.	007. cions	
	Review of the medical 2008, at approximately Resident #2 had received following medical apposited	y 9:06 AM, revealed ved sedations for the						
/ i j	a. On July 5, 2007, the Ativan one hour prior to appointment. b. On July 19, 2007, t Ativan one hour prior to	her OB/GYN he resident was giver						
ith Regulat	ion Administration							

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		A. BUILDIN	PLE CONSTRUCTION G	(XS) DATE COMP	SURVEY
		HFD12-0004		B. WING _		02/	21/2008
N C C	PROVIDER OR SUPPLIER		1501 GAL	DRESS, CITY, S LATIN ST, N TON, DC 20	ETATE, ZIP CODE		
(X4) ID PREFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY	S FULL	ID PREFIX	PROVIDER'S PLAN OF CORRE	ECTION	(X5)
TAG	REGULATORY OR LS	SC IDENTIFYING INFORMA	TION)	TAG	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	PROPRIATE	COMPLE
I 500	Continued From pag appointment. c. On August 30, 20 administered 4 mg o before her OB/GYN :	007, the resident wa f Ativan by mouth 30	s) minutes	I 500			
	Interview with the faction February 21, 2008 was unclear whether sign consent for hers that this Issue has be Resident #2 receiving December 5, 2008. Firsychological Update evealed Resident # decipality to make decipagoing medical, or financial, or financial, or financial, or financial, and an extension of the second secon	B revealed during this or not the resident welf. The RN further is en cleared up due to a medical guardian Review of the the e" dated April 27, 20 loes not evidence this ions on her own be residential placeme.	s time, it vas able revealed o on 007 e half in		\		
n h th	Additionally, the RN re ot have a legal guard nedical appointments owever, the facility fa- nat informed consent esident and/or legally or the use of the afore	lian during the sedat At the time of the s iled to provide evide was obtained from the authorized represen	ions for survey, nce ne tative				
					•		

REGULATORY OR LSC REGULATORY OR	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION as conducted from February 21, 2008. A rand ents was selected from four males and two disabilities. The finding	REET ADDRESS, 601 GALLATINASHINGTON, PRE TA	DC 20017 PR FIX (EAC) G CROSS	ODE OMDER'S PLAN OF CC H CORRECTIVE ACTION REFERENCED TO THE DEFICIENCY)	DRRECTION IN SHOULD SE E APPROPRIATE	COMPL
R 000 INITIAL COMMENTS A licensure survey wa 19, 2008 through Feb sample of three reside resident population of females with various of the survey were based interviews with staff, p	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION as conducted from February 21, 2008. A rand ents was selected from four males and two disabilities. The finding	R 000	N ST. NE DC 20017 PR FIX (EAC) G CROSS	COMDER'S PLAN OF CO H CORRECTIVE ACTION REFERENCED TO THE	DRRECTION IN SHOULD SE E APPROPRIATE	COMPL
(X4) ID SUMMARY STATI PREFIX (EACH DEFICIENCY A REGULATORY OR LSC R 000 INITIAL COMMENTS A licensure survey wa 19, 2008 through Feb sample of three reside resident population of females with various of the survey were based interviews with staff, p	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION as conducted from February 21, 2008. A rancents was selected from four males and two disabilities. The finding	ASHINGTON, IC PRE TA R 000	DC 20017 PR FIX (EAC) G CROSS	H CORRECTIVE ACTION REFERENCED TO THE	N SHOULD BE E APPROPRIATE	COMPL
REGULATORY OR LSC REGULATORY OR	MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION as conducted from February 21, 2008. A randents was selected from four males and two disabilities. The finding	R 000	FIX (EAC)	H CORRECTIVE ACTION REFERENCED TO THE	N SHOULD BE E APPROPRIATE	COMPL DATI
R 000 INITIAL COMMENTS A licensure survey wa 19, 2008 through Feb sample of three reside resident population of females with various of the survey were based interviews with staff, p	as conducted from Febroruary 21, 2008. A randents was selected from four males and two disabilities. The finding	R 000	G CROSS	-Referenced to the	E APPROPRIATE	COMPL
A licensure survey wanted 19, 2008 through Feb sample of three resident population of females with various of the survey were based interviews with staff, p	as conducted from Febroruary 21, 2008. A randents was selected from four males and two disabilities. The finding	uary dom	0			
19, 2008 through Feb sample of three resident population of females with various of the survey were based interviews with staff, p	pruary 21, 2008. A rand ents was selected from f four males and two disabilities. The finding	dom				J
review of client records	program coordinators, the home, as well as a s, administrative record Investigation reports we			-	•	
R 125 4701.5 BACKGROUND	D CHECK REQUIREME	ENT R 125				
The criminal backgrour criminal history of the p contract worker for the in all jurisdictions within employee or contract worker the resided within the sever check.	previous seven (7) year which the prospective worker has worked or	r 1		· · ·		
This Statute is not met Based on the review of refailed to ensure criminal the previous seven (7) you where staff had worked seven (7) years prior to the staff.	records, the GHMRP background checks for ears, in all jurisdictions or resided within the					
The finding includes:						
Review of the review of p February 21, 2008 reveal provide evidence of a crin checks for the previous so jurisdiction where four sta resided at the time of the #9, and #10)	led the GHMRP failed minal background even years in all affs had worked or		agency revie	ng Choice point ckground checks ews seven years history in all ju- ng that time. (S	t for the s. This s of	/15/08
gulation Administration			1 21120hman++	<i>+′</i> 3 \ ·		

AND PLAN	T of deficiencies Of correction	(X1) PROVIDER/SUPPLI IDENTIFICATION NO	er/Clia Imber;	(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION	(X3) DATE SUF	₹V
		HFD12-0004		B. WING_	<u> </u>	02/21/	121
	ROVIDER OR SUPPLIER			DRESS, CITY. LATIN ST, I	STATE. ZIP CODE		<u> </u>
NCC		·	WASHING	TON, DC 2	0017	•	
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Regulation Ad FORM	Iministration		<u></u>	·			